

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10576864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5	(1			1		
6	(1			1		
7	(1			1		
8	(1			1		
9	(1			1		
10	(1			1		
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16	(1			1		
17	(1			1		
18	1		1			
19		1		1		
20		2		1		
21	(1			1		
22	(1			1		
23	1		1			
24	(1			1		
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TOTAL IND.			3			
TOTAL DEP.			31			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						